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| PLEASE PRINT CLEARLY & COMPLETE FULLY  Applicants Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_  Last Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_  Darlington Hartlepool Middlesbrough Redcar & Cleveland Stockton on Tees  NASS/Home Office Ref \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Origin \_\_\_\_\_\_\_\_\_\_\_\_\_  Male/Female /Married/Single # dependents in UK \_\_ Age of children \_\_\_ Date of this application \_\_\_\_\_\_\_\_\_\_\_  When did your support stop? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Details of any help or requests to other organisations. Open Door? \_\_\_\_ Justice First? \_\_\_\_ Red Cross? \_\_\_\_  If so, what support (advice / support)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any other sources of help or support (i.e. family or friends)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Current Status. ARE? \_\_\_\_\_\_ Fresh Application submitted? \_\_\_\_\_ Live case at present? \_\_\_\_\_\_\_\_\_  Most recent or current legal representative. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Documents seen and checked: Mears termination letter (date)? \_\_\_\_\_\_\_\_\_\_ UKVI letter (date)? \_\_\_\_\_\_\_\_\_\_\_\_  Amount Agreed. £\_\_\_ Collection location. Middlesbrough \_\_\_ Stockton \_\_\_ Hartlepool \_\_\_ Darlington \_\_\_  **DECLARATION**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorise Mary Thompson Fund to contact other agencies linked with my asylum application, and receive updates on my support situation. I understand that this is to ensure my continuing entitlement to help from Mary Thompson Fund  Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt of donation signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referral agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ----------------------------------------------------------------------------------------------------------------------------------------FOR OFFICE USE ONLY  Please Pay:  Applicant Worker NERS Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Decision £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of decision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Trustee Authorisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refund Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cheque No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date letter/s sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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